

USER AFFIRMATION STATEMENT

NON-DES USER SHORT FORM

NON-DES USERS working from a NON-DES site ----- Information Security Awareness Training is MANDATORY

All USERS are required to complete security training within 21 days after receiving their DES LOGONID & PASSWORD. The security training module is located at the website

<http://www.azgu.gov/>.

register in STARS if needed, enroll in the "DEISA1005" CBT and complete the CBT. After successful completion, print out the certificate and retain for your records. The DES Information Security Administration will have an automated record of the event.

I understand that all personnel who have access to the Arizona Department of Economic Security (DES) data are bound by applicable federal and state laws and DES policies and are responsible for DES data. I agree to abide by all applicable federal and state laws and DES policies. I pledge to refrain from any and all of the following:

1. Revealing DES data to any person or persons outside or within the Department of Economic Security who have not been specifically authorized to receive such data,
2. Attempting or achieving access to DES data not related to my job duties,
3. Entering, altering or erasing DES data for direct OR indirect personal gain or advantage,
4. Entering, altering or erasing DES data maliciously or in retribution for real or imagined abuse, for personal amusement or any other unauthorized or improper use,
5. (If applicable) Using DES terminals, printers and other equipment for other than work related or DES approved uses,
6. Using another person's personal DES logon ids, user ids or passwords,
7. Revealing my personal DES logon ids, user ids or passwords to another person,
8. Asking another user to reveal his/her personal DES logon ids, user ids or passwords.

In relation to my responsibilities regarding the proprietary rights of the authors of computer software utilized or provided by DES, I recognize that:

1. DES licenses the use of computer software and does not own this software or its related documentation and, unless authorized by the software developer, does not have the right to reproduce it.
2. I must use software in accordance with the license agreement. Anyone making, acquiring, or using unauthorized copies of software will be subject to penalties imposed by copyright law. According to U.S. Copyright Law, 17 USC Sections 101 and 506, illegal reproduction of software can be subject to criminal damages up to \$250,000 and/or up to five (5) years imprisonment.
3. I must report knowledge of any misuse of software or related documentation protected under copyright laws to my manager/supervisor, the Division or Program Security Analyst, or the Data Security Administration.

HIPAA (Health Insurance Portability & Accountability Act) AFFIRMATION (IF APPLICABLE)

I, _____, shall safeguard the privacy of protected health care information belonging to persons served by a DES HIPAA covered component. I understand that protected health information is defined in federal law at 45 C.F.R. Part 164 and includes past, present and future client health care information which is individually identifiable and that is transmitted or maintained in any form or medium. I shall use or disclose such protected health information only as permitted by any contract(s) I or my employer has with DES which involves the use or disclosure of protected health information, as well as with any relevant DES policy and/or procedure or comparable policy and/or procedure of my employer. These protections are in addition to any existing under ARS 41-1959 or other relevant Arizona law, unless the Arizona law affords more protection to the protected health information in general, or more access to the protected health information by the client.

I understand that DES will take appropriate action to ensure that applicable federal and state laws and DES policies governing confidentiality and security are enforced. A violation of these requirements or misuse of DES property, including computer programs, equipment, and data, may result in withdrawal of individual or organizational access privileges and prosecution in accordance with any applicable provision of law including ARS 13-2316.

My signature below confirms that I have read this User Affirmation Statement and accept responsibility for adhering to all applicable laws and DES policies and the above listed requirements. If I do not sign this Statement within 20 working days, I understand that DES will deny my access to DES data, computer equipment, and software.

SIGNATURES:

EMPLOYEE'S LEGAL NAME (<i>Print or typed</i>)	PHONE NO. ()	
EMPLOYEE'S SIGNATURE		DATE

WITNESSED BY:

SUPERVISOR'S LEGAL NAME (<i>Print or type</i>)	PHONE NO. ()	
SUPERVISOR'S SIGNATURE		DATE

NON-DES ORGANIZATION NAME